



Behavioral Health is Essential To Health



Prevention Works



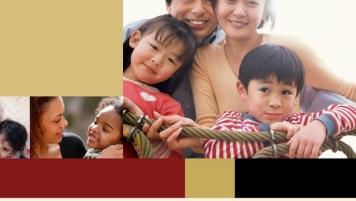




People Recover









Rx Drug Abuse Prevention Strategies: Building the Infrastructure to Stem the Flow of Rx Drugs & Preventing Addiction

Jeff Coady, PsyD SAMHSA Region V Administrator

Indiana 5th Annual Prescription
Drug Abuse Symposium

October 17, 2014

Indianapolis, IN





SAMHSA's Vision

America is a nation that understands and acts on the knowledge that ...



- Behavioral health is essential to health.
- Prevention works.
- Treatment is effective.
- People recover.



Presentation Overview

- Data
- Prevention
- Treatment
- Recovery
- Behavioral Health as Public Health



Prescription Drug Abuse Affects Everyone

- Prescription medications are among the top substances abused by 12th graders in the past year.
- In 2011, more than 4,500 young people per day abused a prescription drug for the first time.
- All ages are affected.
 - Older Americans
 - 2009: approximately 1 U.S. infant born per hour with signs of drug withdrawal.
 - 55 to 94 percent of neonates exposed to opioids in utero experience withdrawal.





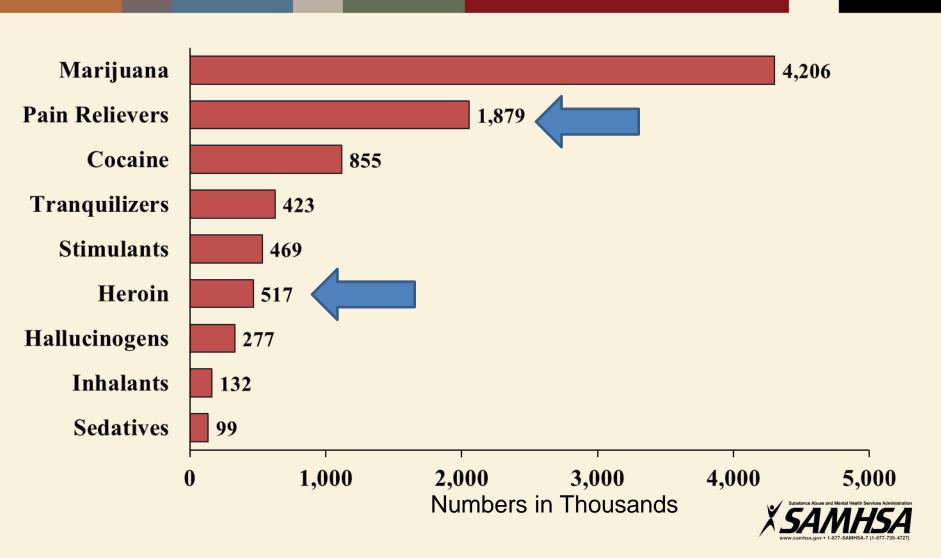


U.S. Opioid Related Emergency Department Visits

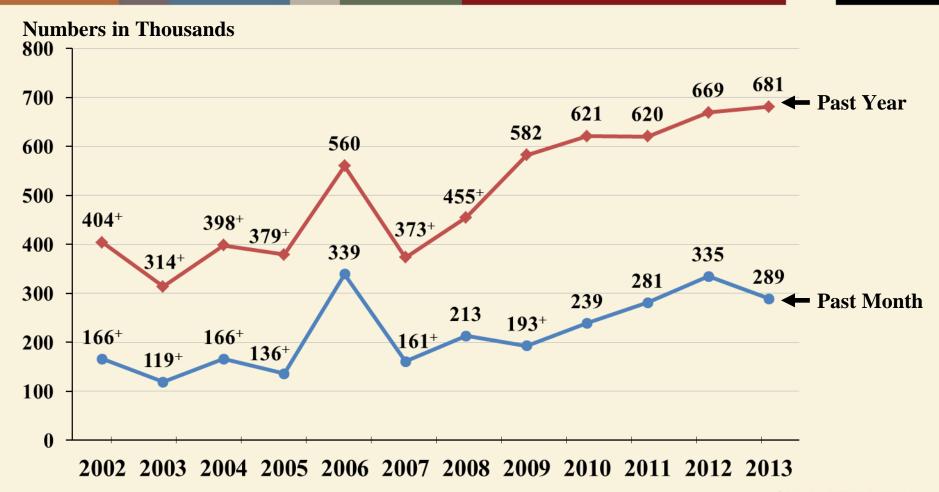
- Large increase in the number of ED visits involving nonmedical use of pharmaceuticals observed between 2004 and 2011.
 - Percentage change for opioid involved visits =183% increase.
 - Oxycodone had the largest impact = 263% increase.
- Short term trend: 15% increase from 2009-2011.
- Pain relievers were involved in 38.0 % of drugrelated suicide attempts.



Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2013



U.S. Past Month and Past Year Heroin Use among Persons ≥12 years old





⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

Heroin Use in the Past Year among Persons Aged 12 or Older

STATE	Past Heroin Use	Percentage
Indiana	9,000	.2
Illinois	41,000	.4
Michigan	21,000	.3
Minnesota	5,000	.1
Ohio	21,000	.2
Wisconsin	6,000	.1

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2006-2010 (Revised March 2012), 2011



Developing the Infrastructure: Collaboration and Partnership

A hallmark of these grass root efforts has been collaborative outreach:

- –Pooling resources
- -Sharing lessons learned
- Disseminating best practices
- -Working with scientists and public health organizations to generate the scientific data needed to evaluate and improve OD prevention and rescue programs

Developing the Infrastructure: Identifying Needs

 Grass root organizers in the U.S. have identified needs and challenges in their local communities; mobilized resources and constituencies locally, nationally, and globally; and worked in concert with legislatures, law enforcement agencies, prescribers, insurers, and others to address the needs of their families and communities.



Sources of Data

- Schools
- EAPs
- Telephone Lines
- Treatment Programs
- Courts
- Community Health
 Centers

- Mortality Reports
- Universities
- Police Departments
- Jails
- Hospitals
- Faith Based



Strategic Prevention Framework

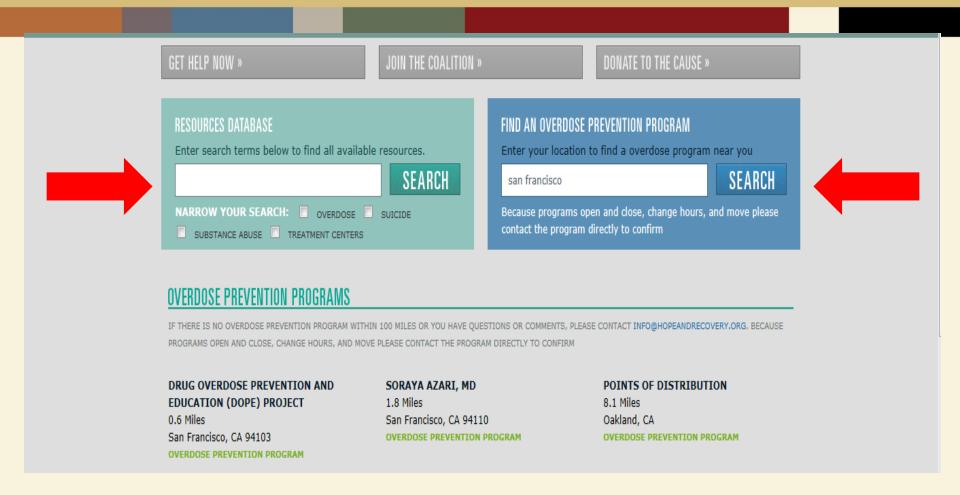




Developing the Infrastructure: Establishing Networks



Developing the Infrastructure: Accessing Resources & Programs



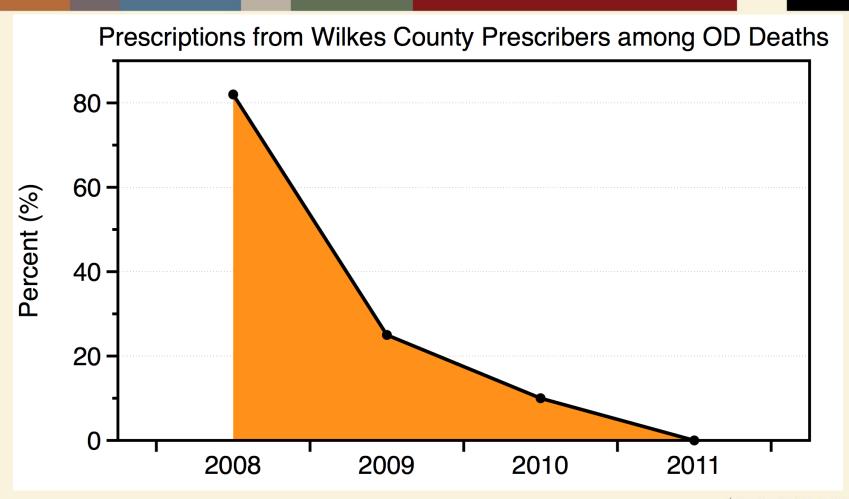
http://hopeandrecovery.org/resources/



Developing the Infrastructure: Sharing Lessons Learned



Lazarus Project now going Statewide





Developing the Infrastructure: Expanding Pilot Programs



- → Currently serves Cuyahoga, Montgomery, and Scioto counties, and the city of Cleveland.
- →ODH has plans to expand to three additional Project DAWN sites.



Developing the Infrastructure: Distributing Scientific Information



Tuesday, January 7, 2014

PubMed Update November/December 2013

We close out 2013 with an impressive 25 papers in the final two months for a total count of 89 papers. Some interesting new approaches and perspectives, including a paper on the underappreciated role of adulterants, a couple of naltrexone papers, and lots of lay naloxone.

1) The Whole Is Just the Sum of Its Parts: Limited Polydrug Use Among the "Big Three" Expensive Drugs in the United States.

Caulkins JP, Everingham S, Kilmer B, Midgette G.

Curr Drug Abuse Rev. 2013 Dec 5. [Epub ahead of print]

Comments: Somewhat surprising data suggesting relatively separate markets for heroin, cocaine and methamphetamine.

 A systematic review and meta-analysis of naltrexone implants for the treatment of opioid dependence.

Larney S, Gowing L, Mattick RP, Farrell M, Hall W, Degenhardt L.

Drug Alcohol Rev. 2013 Dec 3. doi: 10.1111/dar.12095. [Epub ahead of print]

Comments: A systematic review concluding that the data for naltrexone implants for

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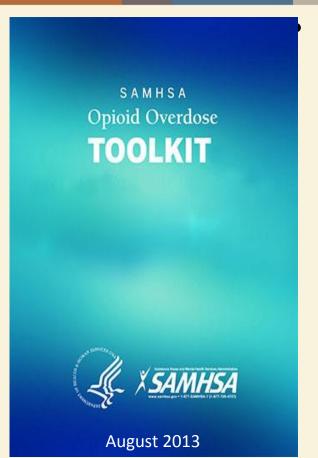
Labels

- Naloxone (59)
- Research Brief (30)
- PubMed Update (28)
- Policy (16)
- Prescription opioid (12)
- News (9)
- Supervised Injection Facilities (6)
- Training (5)
- Personal Story (2)

The OPA Editing Team

- Roxanne Saucier
- Dan Bigg
- . Dibal

Toolkit Modules

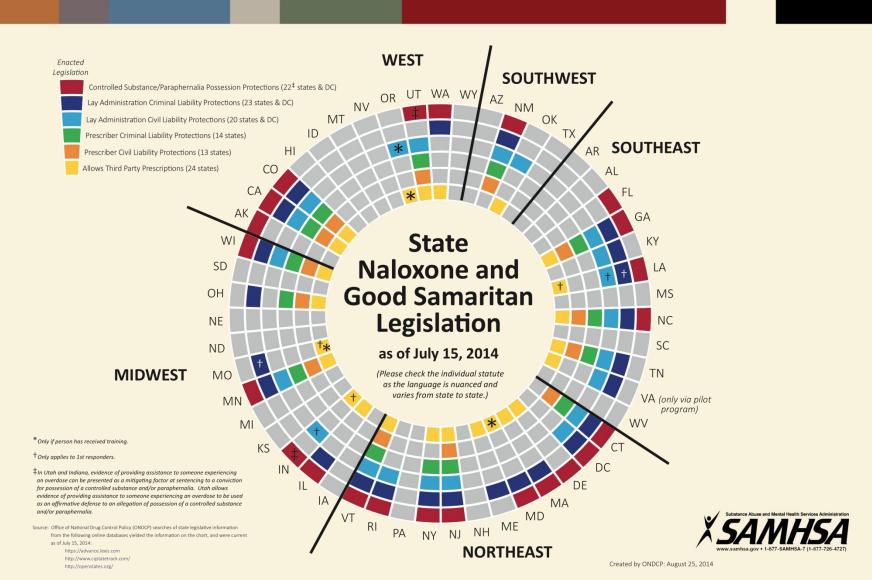


5 modules, each one customized to address the specific needs of target audiences:

- Facts for Community Members
- Five Essential Steps for First Responders
- Safety Advice for Patients & Family
 Members
- Information for Prescribers
- Resources for Overdose
 Survivors & Family Members

*August 27- February 14, 2014 http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742

State Naloxone and Good Samaritan Legislation



Treatment is Prevention

- Treatment reduces demand and diversion
- Treatment for emerging and/or parenting adults will reduce the risk of addiction for following generations

Treatment reduces negative social behaviors

Treatment reduces morbidity and mortality



Physician Training

- OpioidPrescribing.com
 - CME granting trainings in collaboration with Boston University
- Physician Clinical Support Systems
 - PCSS-buprenorphine
 - PCSS-opioids
- Free live training developed in conjunction with local experts and funded by SAMHSA



Prescriber Education

- How to accurately assess the person for pain.
- Strategies to find the most appropriate treatment for each person, including drug-free approaches.
- Time-efficient ways to monitor a person's progress (including person's use of pain medications).
- How to identify medication misuse or abuse and specific actions to take when it occurs.

Medication Assisted Treatment: Facts and Myths

- Medication-Assisted Treatment is an evidencebased treatment for opioid addiction; however, it is not a stand-alone treatment choice.
- MAT has proven to be very effective as part of a holistic evidence-based treatment program that includes behavioral, cognitive, & other recovery-oriented interventions, treatment agreements, urine toxicology screens, and checking of PDMP.

Treatment

- Combination of FDA-approved medication:
 - Methadone
 - Buprenorphine/naloxone
 - Naltrexone
- and psychosocial treatments
 - Counseling: Coping skills/relapse prevention
 - Education
 - Toxicology Screening
 - PDMP use



MAT: One Size Does Not Fit All

- Individuals have varied responses to different medications.
 - Effectiveness of medications vary among individuals
 - Side effects vary among individuals
 - Adherence constraints vary by individual; and for a given individual these constraints may vary over time/personal circumstance
- These individual-specific responses to medications hold true for MAT when it is used to treat SUDs & addictions.

Medication Assisted Treatment

- Benefits:
 - Lifestyle stabilization
 - Improved health and nutritional status
 - Employment
 - Decrease in criminal behavior
 - Decrease in injection drug use/shared needles: reductions in risk for HIV and viral hepatitis/medical complications of injection drug use

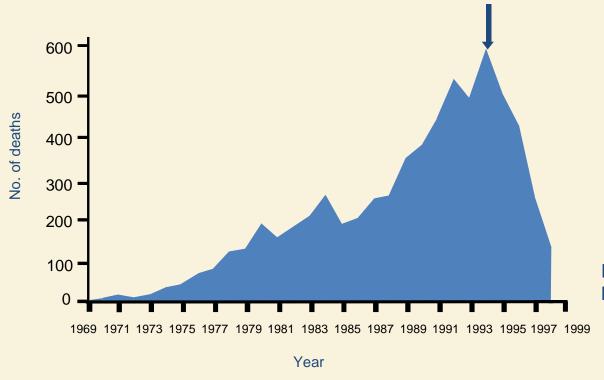
MAT reduces all cause mortality

 "...the all-cause mortality rate for patients receiving methadone maintenance treatment was similar to the mortality rate for the general population whereas the mortality rate of untreated individuals using heroin was more than 15 times higher."



MAT reduces overdose fatalities

1996 Subutex and methadone



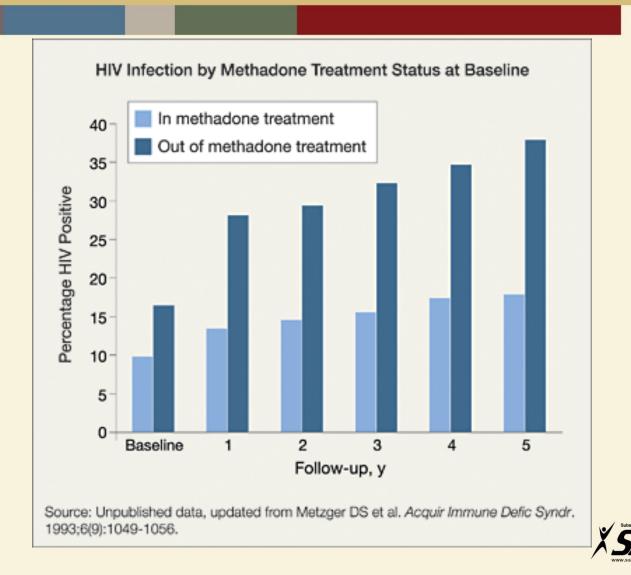
French population in 1999 = 60,000,000

Patients receiving buprenorphine (1998): N= 55,000

Patients receiving methadone (1998): N= 5,360



MAT Reduces HIV Seroconversion



MAT with Methadone is the Gold-standard for treatment in pregnancy

- Birth outcomes are comparable to other obstetric patients
- Compared to untreated substance user:
 - Fewer pre-term births
 - Less intrauterine growth retardation
 - Fewer low birth-weight babies
- Less maternal drug use = less antenatal fetal stress
- Improved compliance with prenatal care.

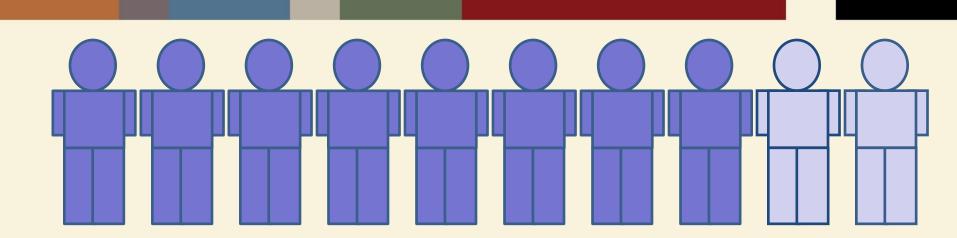


Target Special Populations

- Opioid dependent, pregnant women are at high risk for adverse outcomes without MAT
- The use of MAT by opioid-dependent women with children is an effective treatment that helps women in parenting their children
- Neonatal abstinence syndrome (NAS) occurs frequently in infants of mothers treated with MAT; approximately 50% will need treatment
- Incentivize: Decreased penalties, increased access to housing, provide childcare while in treatment



Target High-Risk/High-Cost Populations: Federal and State Inmates



- Alcohol or Drug Related offense
- Intoxicated at the time of offense
- Offended to get money to support the addiction
- History of alcohol abuse or dependence and/or regular drug use

Treatment Capacity Recommendations

- Direct treatment provision by state/county departments of health
- Coordinate with federally funded health care providers to provide service
 - federally qualified health centers
 - Indian Health Service
- Form partnerships with academic institutions to provide treatment service which would also serve to train physicians and other providers

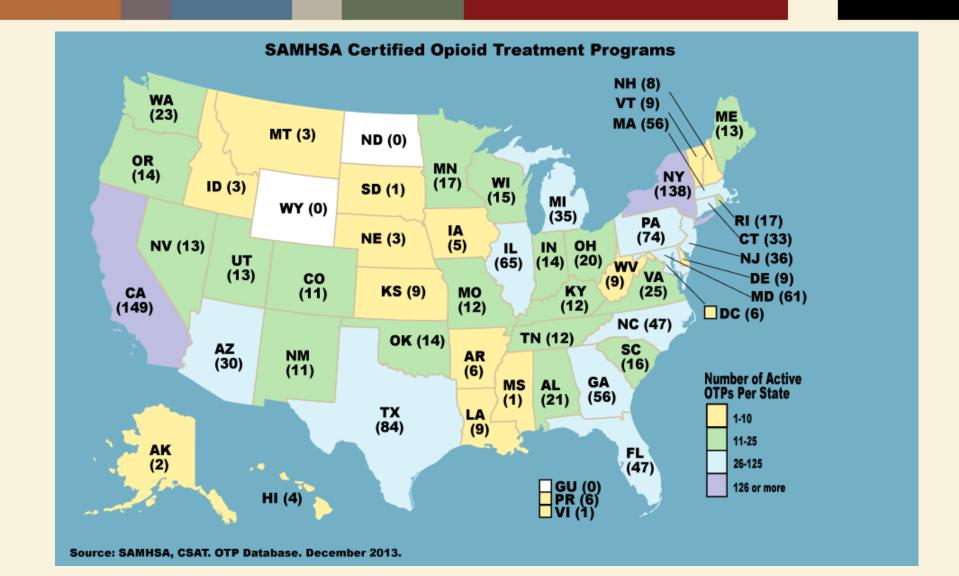


Treatment Capacity Recommendations

- Optimize Medicaid reimbursement by bundling services; include a rate for buprenorphine services at Opioid Treatment Programs (OTPs)
- Create service delivery definitions and billing rates for
 - Physician tele-health visits
 - Physician-NP "supervision" via tele-health
 - Specialist consultation via tele-health
- Expand use of long-acting injectable naltrexone.



SAMHSA Certification of U.S. OTPs



Assure Quality

- Revise or adopt state regulations/guidelines for methadone and buprenorphine
 - TIP 1 State Methadone Treatment Guidelines
 - http://www.fsmb.org/pdf/2013_model_policy_tre
 atment_opioid_addiction.pdf
- Collect data on Neonatal Abstinence Syndrome (NAS)
 - promote state-wide clinical guidelines for NAS screening and management
- Require OTPs and buprenorphine prescribers to check PDMP

Science-Based Treatment Improvement Protocols

Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs

> A Treatment Improvement Protocol TIP



http://162.99.3.213/products/manuals/tips/pdf/TIP43.pdf http://162.99.3.213/products/tools/keys/pdfs/KK_43.pdf



Policy Issues

Buprenorphine:

- Should there be psychosocial therapy requirements?
- Should the 100-patient limit be removed?
- Should any prescriber be eligible to prescribe (not only waivered physicians as is now the case)?

Naloxone

- Should it be available OTC?
- Should a naloxone prescription accompany any opioid prescription?



Examples of Science-Based SUD Treatments

- Medical Detoxification
- Outpatient Psychoeducation & Relapse Prevention
- Residential Therapeutic Treatment
- Family Therapy
- Self-Help Support Systems (e.g., 12 Step Programs)
- Toxicology Screens/abstinence monitoring
- Recovery Oriented Systems of Care (ROSC)
- Medication Assisted Treatment (MAT)



Science-Based ROSC for Chronic Disorders

Treat the Whole Person in Their Social Context

Prevention

Social Services

Housing & Employment

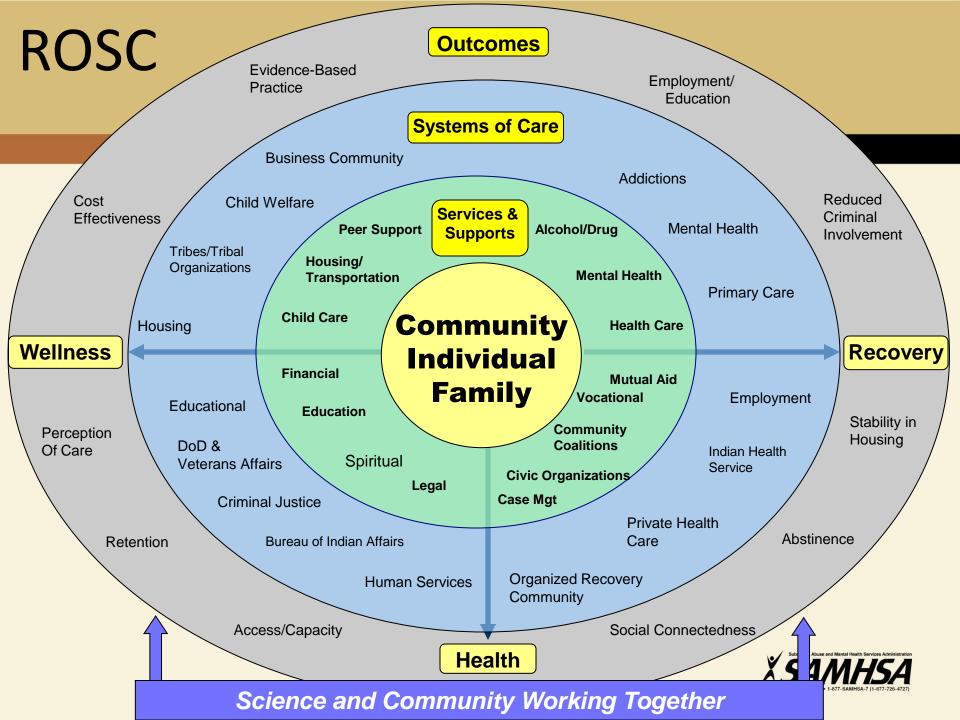
Genetic & Environmental
Risk Factors

Whole Health Medical Services

Cognitive & Behavioral Therapies

Medication Assisted
Treatment
(MAT)





Prevention Strategies: Technical Assistance & Workforce Development



- SAMHSA's ATTC Network
 - Technical assistance & technology transfer
 - Workforce Development
 - Training
 - Distance education
 - Research translation
 - Resource dissemination

Substance Abuse and Mental Health Disorders Are Common and Costly

- Around 1 in 5 young people (14-20%)
 have a current disorder (MEB)
- Estimated \$247 billion in annual costs
- Costs and savings to multiple sectors education, justice, health care, social welfare
- Costs to the individual and family



WHY FOCUS ON BEHAVIORAL HEALTH IN YOUNG PEOPLE?

Half of adult mental illness begins before age 14

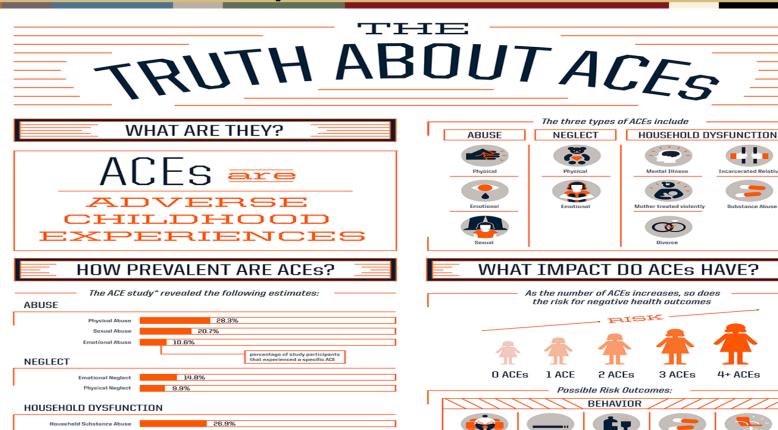




BEHAVIORAL HEALTH IS PUBLIC HEALTH



ACES: Adverse Childhood Experiences



64% have at

Household Mental Tilness

Mother Treated Violently Incarcerated Household Member 4.7%

O ACES

Of 17,000 ACE study participants:



Incarcerated Relative

How Do ACEs Affect Our Lives?

ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death.**

The following charts compare how PHYSICAL & MENTAL HEALTH BEHAVIORS likely a person with 1, 2, 3, or 4 ACEs SEVERE OBESITY LACK OF PHYSICAL ACTIVITY ACE SCORE DIABETES SMOKING will experience specified behaviors DEPRESSION ALCOHOLISM 0 SUICIDE ATTEMPTS DRUG USE than a person without ACEs. MISSED WORK HEART DISEASE CANCER STROKE O COPD BROKEN BONES ACE SCORE ACE SCORE 2 ACEs Can Have Lasting Effects on Behavior ACE SCORE 4 & Health (Infographic) Source: CDC, Adverse Childhood Experiences Study. Available at: http://www.cdc.gov/violenceprevention/ac estudy/

Prevention Strategies: U.S. Expanded Screening Benefits

Children:

- Drug and alcohol use assessments for adolescents
- Behavioral assessments for children of all ages
- Depression screening for adolescents

• Adults:

- Alcohol misuse screening and counseling
- Depression screening for adults
- Tobacco use screening & cessation interventions for tobacco users
- → And more...

Behavioral Health Integration

Public Health: http://store.samhsa.gov/product/A-Public-Health-Approach-to-Prevention-of-Behavioral-Health-Conditions/SMA12-PHYDE051512

Primary Care: http://www.integration.samhsa.gov/about-us/about-cihs

— Community Based: http://attcnetwork.org/regional-centers/content.aspx?rc=greatlakes&content=STCUSTOM1



Public Health? Or Social Problem?





BEHAVIORAL HEALTH AS SOCIAL PROBLEM

- → Public dialogue about behavioral health is in a social problem context rather than a public health context
 - Homelessness
 - Crime/jails
 - Child welfare problems
 - School performance or youth behavior problems
 - Provider/system/institutional/government failures
 - Public tragedies
- → Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude
 - Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery
 - Ambivalence about ability to impact "problems"

LEADING TO INSUFFICIENT RESPONSES

Cells, Shelters, Legal Juvenile Control of **Justice** Perpetrators **Facilities** Tightened & Their Background Treatment Checks & **Increased** Access to Security & Weapons Police Protection

Institutional System Provider Oversight

More Jail

Substance Abuse and Mental Health Services Administration

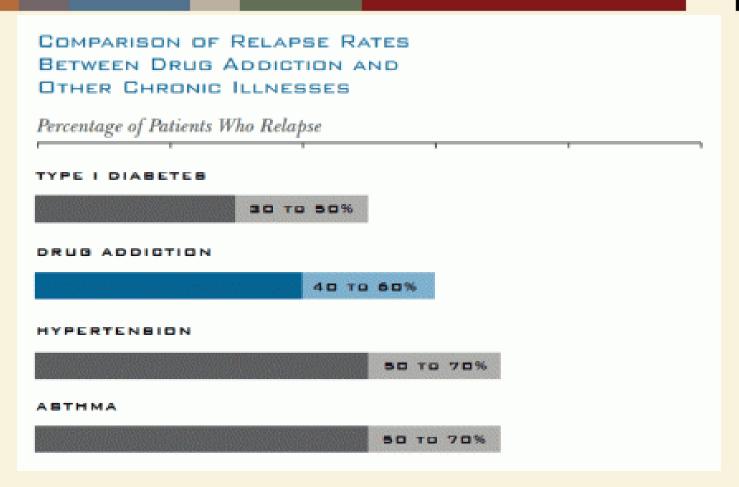
SANNHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

PUBLIC ATTITUDES CHANGING, BUT CHALLENGES REMAIN

- → 2/3 think treatment & support can help people w/MI lead normal lives
- → 2/3 believe addiction can be prevented
- → 3/4 believe recovery from addiction is possible
- → 30% think less of person w/addiction
- → 20% think less of friend/relative in recovery
- → 38% unwilling to be friends w/a person with MI
- → 64% would not want person w/schizophrenia as co-worker
- →68% would not want persons w/depression to marry into family
- Less willing to pay to ameliorate condition, even when understand implications
 - Don't trust that BH treatment will help them

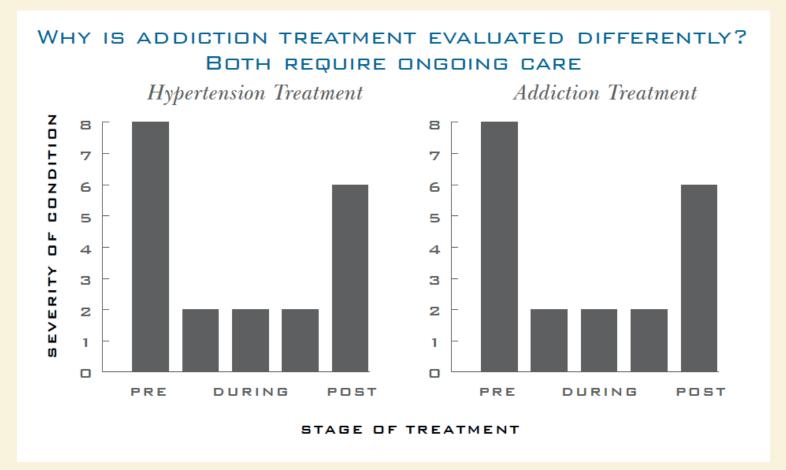
NIDA Principles of Drug Addiction Treatment 3rd Edition



http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment



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OUT OF THE SHADOWS A NATIONAL DIALOGUE BEGINS





What is the National Dialogue?



How can I participate?



What are the outcomes?

Twitter



Facebook



www.mentalhealth.gov



Ending the Opioid Epidemic and....

- Continue to train healthcare professionals in safe and appropriate use of opioids and alternatives to use of opioids for pain
- Continue to educate the public about the dangers of misuse of pain medications
- Use PDMPs, treatment agreements and toxicology screens to increase safety
- Continue research efforts to find better approaches to containing opioid misuse/abuse
- Provide evidence-based treatment to all who need it for as long as it is clinically indicated **SAMHSA**

Preventing Substance Use Disorder

Opioid Epidemic

Behavioral Health Infrastructure

Behavioral Health as Public Health



Questions?

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